

Entered - 12/01/00 - sb
CL00L0722 - DIANNE C. MITCHELL

CLAIM OF: **JESSE DENNIS**
622 English Avenue
Atlanta, Georgia 30314

For damages alleged to have been sustained as a result of a vehicular accident on May 9, 2000, at 622 English Avenue.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **JESSE DENNIS** the sum of **\$1,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on May 9, 2000, at 622 English Avenue as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD

CITY ATTORNEY

BY:


ROBERT N. GODFREY
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0722

Date: December 27, 2000

Claimant /Victim JESSE DENNIS

BY: (Atty)(Ins. Co.)

Address: 622 English Avenue, Atlanta, Georgia 30314

Subrogation: Claim for Property damage \$ 1,000.00 Bodily Injury \$

Date of Notice: 12/01/00 Method: Written, proper X Improper

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 05/09/00 Place: 622 English Avenue

Department Police Division:

Employee involved N. L. Lucas Disciplinary Action: Oral Admonishment

NATURE OF CLAIM: The driver of the City vehicle struck the claimant's parked vehicle causing damages in the above amount.

INVESTIGATION:

Statements: City employee Claimant Others Written Oral

Pictures Diagrams Reports: Police X Dept Report Other

Traffic citations issued: City Driver X Claimant Driver

Citation disposition: City Driver Claimant Driver

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial

Improper Notice More than Six Months Other Damages reasonable X

City not involved Offer rejected Compromise settlement

Repair/replacement by Ins. Co. Repair/replacement by City Forces

Claimant Negligent City Negligent X Joint Claim Abandoned

Respectfully submitted,

INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ 1,000.00 Adverse Account charged: 1A01 X 2J01 2H01

Claims Manager: Concur/date

Committee Action: Council Action

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date:

11/24/00

M. Mitchell
12/01/00

Dear Municipal Clerk:

ENTERED - 12-1-00 - SB
00L0722 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1,000⁰⁰ property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 5/9/00 (month/day/year) 2. Time of Incident: 5:20 3. Police called: ☒ Yes ☐ No

4. Location of incident (including street address): 622 ENGLISH AVE.

5. Name of your insurance company: SOUTHERN Policy No. 200012558908

6. State what and how incident occurred: My car was parked in front of my resident and it was struck

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: CADILLAC 92 128005
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: FORD N. L. LUCAS
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: HENRY 622 ENGLISH AVE 4.524.3972
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Jesse Dennis
Signature of Claimant

Jesse Dennis
(Print Claimant's Name)

622 ENGLISH AVE
(Address)

ATLANTA, GEORGIA 30314
(City, State and Zip Code)

4.524.3972
(Work Number) (Home Number)

01-R-0040